

If continuation sheet 1 of 28

719002

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER CORNERSTONE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 424	<p>Continued From page 1</p> <p>easily, that prevent the resident from rising ...Restraints may not be used or applied in a manner, which causes injury to the patient...Physical Restraint Application...Apply the ordered restraint using the appropriate procedure. Follow the instructions provided by the manufacturer of the restraint..."</p> <p>Review of the Application Instructions for the Lap Belt/Padded Lap Belt revealed "...Position the patient as far back in the seat as possible, with the buttocks against the back of the chair...lay the lap belt across the patient's thighs...Bring the ends of the connecting straps down at a 45 degree angle between the seat and the wheelchair [w/c] sides...crisscross the straps behind the chair and draw them around the opposite side kick spurs...kneel next to the back wheel, outside...the wheelchair...Adjust the tightness of the slide buckles...check that the straps are secure and will not change position, loosen, or tighten if the patient pulls on them, or if the chair is adjusted...The belt must be snug, but not interfere with breathing. To check for proper fit, slide an open hand (flat) between the belt and the patient...There is a risk of chest compression or suffocation, if the patient's body weight is suspended off the chair seat...Monitor per facility policy to ensure that the patient cannot slide down, or fall off the chair seat and become suspended...Stop use at once: if the patient has a tendency to slide forward or down in the device; or is able to self-release..."</p> <p>Medical record review revealed Resident #56 was admitted to the facility on 1/20/15 and readmitted on 6/6/16 with diagnoses including Traumatic Brain Injury, Epilepsy, Dementia with Behavior Disturbance, Pseudobulbar Affect, and Generalized Anxiety Disorder.</p>	N 424	<p>Issues with residents #56, #59 and #108 on 5/17/17 by the Risk Manager. cont.</p> <p>2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>All residents in the facility that have a restraint were reviewed to ensure the restraint is correctly applied per the application instructions and that they are in the correct device. This review was completed on 5/17/17 by the DON, ADON, Risk Manager, QA nurse, and RN Supervisor. Beginning on 5/17/17 the correct restraint application and correct restraint device will be monitored Q2Hrs by the medication nurses and C.N.A.'s</p> <p>3. What measures will be put in place or what systematic changes will you make to ensure that the deficient practice does not recur:</p> <p>A systematic approach to have residents with restraints be assessed for any type of restraint will be reviewed and monitored for correct restraint application and correct type for restraint by the Risk Manager beginning 5/17/17. The DON, Assistant Director of Nursing and NEW Restraint Manager were in-serviced on 5/17/17 by the NHA on the correct type of restraint for a resident, correct application per manufacturer's instructions.</p>		

Division of Health Care Facilities
STATE FORM

6899

LWSW11

If continuation sheet 2 of 28

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER CORNERSTONE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 424	<p>Continued From page 2</p> <p>Medical record review of a Physician's Order dated 1/7/16 revealed "...[C] [Discontinue] alarming self-release belt. Apply soft belt restraint for hx [history] of falls, poor safety awareness..."</p> <p>Medical record review of the Interdisciplinary Notes dated 11/13/16 revealed "...Resident was in his wheelchair and slid under his soft belt onto the floor and bumped his head on the food drive bin CNA [Certified Nursing Assistant] witnessed this ...no injuries noted at this time...As follow up, will educate resident on how to keep his seatbelt on..."</p> <p>Medical record review of the Interdisciplinary Notes dated 12/25/16 revealed "...was called to resident by a member of dietary staff to resident, who was sitting on the floor when this nurse got to him. Resident had slipped under his soft belt to the floor and was attempting to stand up from the floor by grabbing another resident's wheelchair from the back and pull himself up, when his hands slipped and he fell backwards, hitting his head on the floor..."</p> <p>Medical record review of a Therapy Screening Form dated 1/5/17 revealed "...Poor positioning/body alignment...already on case load..."</p> <p>Medical record review of the Physical Restraint Reduction Assessment dated 1/8/17 revealed "...Slides down...Total Score...48...35 [plus] poor candidate... [for restraint reduction]..."</p> <p>Medical record review of the Interdisciplinary Notes dated 1/12/17 revealed "...Resident has continued to remove his soft belt device every time it is placed on him..."</p>	N 424	<p>4. How does the corrective action(s) cont. will be monitored to ensure the deficient practice will not recur; i.e. What quality assurance program will be put in place. Beginning 5/17/17 the NIA created an audit tool to make sure that all restraints are correctly applied, monitored for correct application per instruction and correct type is being used for the resident. Audits will be done by the NEW Risk Manager, RN supervisor, and Unit Manager. They will be done weekly x 4 weeks then monthly thereafter. The Risk Manager, and/or RN supervisor will audit the residents who are in restraints for correct type for their safety and correct application per instructions. The goal of the audit will be 100% compliance. If the goal is not met, then the identified staff member who is not meeting the goal will be re-educated. Continued failure to comply with the goal by the identified employee will result in progressive disciplinary action. Beginning May, 2017, the DON will report monitoring outcomes of restraint management auditing to the quarterly QAPI Committee meetings. The Administrator will report to the Governing Body concerning audits of restraint outcomes on a quarterly basis beginning 6/21/2017</p>		

Division of Health Care Facilities
STATE FORM

0599

LW9W11

If continuation sheet 3 of 20

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER CORNERSTONE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
N 424	<p>Continued From page 3</p> <p>Medical record review of the Interdisciplinary Notes dated 4/13/17 revealed "...Resident observed trying to remove self from wheelchair multiple times this PM, [evening] Resident laying down in wheelchair, attempting to get out of ordered soft belt multiple times. Resident placed back in bed prior to dinner tray served..."</p> <p>Medical record review of the Interdisciplinary Notes dated 5/9/17 revealed "...nurse notified to assist resident by visitor to building, resident noted to be attempting to slide out of wheel chair and under soft waist belt. Residents legs were up on chair next to wheel chair...nurses assisted resident up in chair and released soft waist [belt]. Nurse asked resident if he was wanting to lay down, resident shook his head yes. Staff immediately helped resident in bed...no skin tears or bruising noted..."</p> <p>Observation on 5/9/17 at 2:00 PM, revealed the resident in a high back wheelchair in the common area on the upper floor. Continued observation revealed, as approaching the Nursing Station, was summoned by another resident pointing at Resident #56. Continued observation revealed Resident #56 had slid down in the wheelchair, with his feet up on another chair in front of him. Continued observation revealed a soft waist restraint had slid up towards the resident's neck, with the restraint straps noted to be down between the sides of the wheelchair, crossed behind the resident, and looped over the kick spurs. Summoned Licensed Practical Nurse #1(LPN), who was standing at the medication cart on the other side of the nursing station, to assist Resident #56.</p> <p>Interview with LPN #1 on 5/9/17 at 3:00 PM, at</p>	N 424			

Division of Health Care Facilities
STATE FORM

6890

LW9W11

If continuation sheet 4 of 28

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER CORNERSTONE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
N 424	Continued From page 4 the upstairs Nursing Station, confirmed the soft waist belt had come up over the resident's torso with the resident's left arm pulling at the soft belt, and the resident's right arm was behind the resident. Continued observation revealed LPN #1 released the soft belt immediately and the LPN stated the resident was "squirmy." Observation and interview with Physical Therapist #1 (PT) and the Rehab Therapy Manager on 5/9/17 at 3:30 PM, in the resident's room, confirmed the wheelchair was a high back wheelchair with anti-tippers on the front and back of the wheel chair. Continued interview with PT #1 confirmed Physical Therapy had not participated in the decision making to use the soft waist belt for Resident #56. Observation on 5/9/17 at 5:50 PM, revealed the resident seated in a high back wheelchair, in the common area on the upper floor, with the soft belt restraint in place. Interview with LPN #3 on 5/10/17 at 7:55 AM, at the upstairs Nursing Station, confirmed the resident puts his arm under the soft belt and tries to get out of the soft belt. Interview with CNA #3 on 5/10/17 at 8:00 AM, in the common area, confirmed CNA #3 had seen the resident slide down in the wheelchair. Continued interview confirmed "he starts getting tired and tries to get out, and slides down in the wheelchair." Observation of the resident on 5/10/17 at 2:25 PM, in the common area, revealed the resident seated in a high back wheelchair, with a soft belt restraint in place.	N 424			

Division of Health Care Facilities
STATE FORM

6800

LW9W11

If continuation sheet 5 of 28

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/17/2017
---	---	--	---

NAME OF PROVIDER OR SUPPLIER
CORNERSTONE VILLAGE

STREET ADDRESS, CITY, STATE, ZIP CODE
2012 SHERWOOD DRIVE
JOHNSON CITY, TN 37601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 424	Continued From page 5 Interview with CNA #5 on 5/10/17 at 2:35 PM, in the 500 hall, confirmed "...he slides out under his belt a lot...even if belt is tighter he manages to get out..." Interview with Licensed Physical Therapist Assistant #1 (LPTA) on 5/11/17 at 8:05 AM, in the Therapy Department, confirmed the resident was "...all over the place...tends to pull his feet up and gets in fetal position in the wheelchair..." Interview with the Director of Nursing (DON) on 5/11/17 at 9:15 AM, in the conference room, confirmed the DON was aware Resident #56 slid under the soft belt and confirmed Resident #56 was at risk for serious harm, injury or death. Interview with CNA #7 on 5/11/17 at 9:40 AM, at the upstairs Nursing Station, confirmed CNA #7 had seen the resident slide under the soft belt with the soft belt in place on the wheelchair. Interview with CNA #3 (CNA assigned to Resident #56) on 5/11/17 at 10:00 AM, on the 500 hall, confirmed the CNA had gotten the resident up in the wheelchair in the morning and hoped he would sit for a few minutes. Further interview confirmed the CNA had found the resident on the floor several times after he had slid out of the wheelchair under the belt, "don't know what to do to fix...picked him up more than once." Observation on 5/11/17 at 9:55 AM, revealed Resident #56 was seated in a high back wheelchair in the hall. Continued observation revealed Resident #56 was sliding down in the wheelchair, with the soft waist belt up over the resident's torso, with his arms above his head and his buttocks off of the wheelchair seat. LPN #1, standing at the medication cart at the upper	N 424		

Division of Health Care Facilities
STATE FORM

77000

1.W9W11

If continuation sheet 8 of 20

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER CORNERSTONE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
N 424	<p>Continued From page 6</p> <p>end of the hall, was summoned to assist the resident. Continued observation revealed the resident slid out onto the floor under the soft waist belt.</p> <p>Observation of Resident #56 on 5/11/17 at 10:00 AM with LPN #4, revealed the resident on the hall seated in the high back wheelchair. Continued observation and interview revealed the resident had slid under the soft waist belt onto the floor, with the soft belt intact, and the straps were behind the resident and criss crossed over the kickspurs. Continued observation revealed the resident's arms were above his head. Continued observation revealed Certified Nursing Assistant #3 (CNA) came out of the Rehab Therapy room on the same hall to assist LPN #4 with the resident.</p> <p>Interview with CNA #6 on 5/11/17 by telephone at 7:00 PM, confirmed CNA #6 saw the resident slide under his soft belt while in the wheelchair on 11/13/16. Continued interview confirmed he wiggles and slides under the belt.</p> <p>Medical record review revealed Resident #59 was admitted to the facility on 8/10/15 with diagnoses including Hypertension, Alzheimer's Dementia, Anxiety, Depression, and Psychosis.</p> <p>Observation and interview with RN #1 on 5/8/17 at 4:15 PM, in the 500 hallway near the elevator, revealed Resident #59 was seated in a wheelchair with a soft lap belt applied, and the resident had slid down in the wheel chair with the soft lap belt around her chest, just under her breast. Continued interview revealed RN #1 stated "...This is how we put these on. If doing it wrong we need to know it..." Interview confirmed RN #1 thought the restraint was applied correctly.</p>	N 424			

Division of Health Care Facilities
STATE FORM

6690

LW9W11

If continuation sheet 7 of 28

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER CORNERSTONE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
N 424	Continued From page 7 Observation and interview with CNA #1 on 5/8/17 at 4:25 PM, on the 500 hallway near the elevator, revealed the CNA thought the lap belt could be at chest level because the resident was small and would scoot around in the chair"...She is usually in a geri chair, I don't know who put her in this chair with the belt..." Continued observation revealed, after reviewing the manufacturer's instructions, CNA #1 reapplied the soft belt following the manufacturer's instructions. Observation and interview with LPN #2 on 5/8/17 at 4:30 PM, on the 500 hallway near the elevator confirmed the restraint was applied too high up around the resident's chest, just below her breast, and needed to be lowered. Resident #108 was admitted to the facility on 6/3/16 with diagnoses including Dementia, Fractured Right Acetabulum, Muscle Weakness, and Anxiety Disorder. Medical record review of a Physician's Order dated 6/11/16 revealed "...apply soft belt to w/c [wheelchair] when res [resident] is up due to preventing falls..." Medical record review of a Pre-Restraint Evaluation dated 6/11/16 revealed "...Recommendations: soft belt while in w/c [wheelchair]..." Observation and interview with the Assistant Director of Nursing (ADON) on 5/8/17 at 12:30 PM, in the common area on the upper floor, revealed the resident was seated in a wheelchair with a soft lap belt in place. Continued observation revealed the left strap was between the seat and the wheelchair side, crossed in	N 424			

Division of Health Care Facilities
STATE FORM

0009

LW9W11

If continuation sheet 8 of 28

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/17/2017
---	---	--	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CORNERSTONE VILLAGE

2012 SHERWOOD DRIVE
JOHNSON CITY, TN 37601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 424	Continued From page 8 back, and looped over the kick spur. Continued observation revealed the right strap was over the wheelchair side, crossed in back, and looped over the kick spur. Continued interview confirmed the lap belt had been applied incorrectly.	N 424		
N 601	1200-08-06-.06(1)(a) Basic Services (1) Performance Improvement. (a) The nursing home must ensure that there is an effective, facility-wide performance improvement program to evaluate resident care and performance of the organization. This Rule is not met as evidenced by: Based on facility policy review, review of manufacturer's instructions, medical record review, observation, and interview, the facility failed to implement a program for the management of restraints. The findings included: Interview with the Medical Director (MD) on 5/11/17 at 8:45 AM, in the conference room, confirmed the MD attended Quality Assurance meetings and made no recommendations for restraint reductions in the facility. Interview with the facility Administrator and Licensed Practical Nurse (LPN) #1 on 5/11/17 at 4:34 PM, in the conference room, revealed the Quality Assurance (QA) team, including all disciplines, meets every other month, and the Medical Director has input with addressing concerns. Further interview revealed the QA team discussed the number and type of restraints.	N 601	1. What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice: Beginning 5/12/2017 the NHA & DON reviewed and revised the QAPI Plan and was presented at the 5/30/2017 QAPI Committee meeting along with an updated standardized agenda to ensure all topics related to the survey deficiencies are reviewed at the QAPI meetings. Beginning 5/12/2017 the QAPI Committee meetings reviewed the monitoring tools established by the NHA, DON & approved by Medical Director. The NHA & DON developed monitoring tools for Use of Restraints, Restraint assessment and evaluation, Resident Rights for ADL documentation per care plan/nutrition intake/weights, Infection control - hand hygiene following procedure and not changing gloves, answering call lights, Improper administration of drugs - mixing two insulin medications, current & appropriate interventions on care plans, incomplete documentation by Licensed staff, & staffing levels. cont.	6/15/17

Division of Health Care Facilities
STATE FORM

6000

LW6W11

If continuation sheet 9 of 28

**Division of Health Care Facilities
STATE FORM**

LW9W11

If continuation sheet 9 of 28

Duplicate

Division of Health Care Facilities
STATE FORM

UNHCR

1. VW9VW-11

If continuation sheet 0 of 28

Duplicate

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/17/2017
---	---	--	---

NAME OF PROVIDER OR SUPPLIER _____ STREET ADDRESS, CITY, STATE, ZIP CODE

CORNERSTONE VILLAGE 2012 SHERWOOD DRIVE
JOHNSON CITY, TN 37601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 424	Continued From page 8 back, and looped over the kick spur. Continued observation revealed the right strap was over the wheelchair side, crossed in back, and looped over the kick spur. Continued interview confirmed the lap belt had been applied incorrectly.	N 424		
N 601	1200-08-06-.06(1)(a) Basic Services (1) Performance Improvement. (a) The nursing home must ensure that there is an effective, facility-wide performance improvement program to evaluate resident care and performance of the organization. This Rule is not met as evidenced by: Based on facility policy review, review of manufacturer's instructions, medical record review, observation, and interview, the facility failed to implement a program for the management of restraints. The findings included: Interview with the Medical Director (MD) on 5/11/17 at 8:45 AM, in the conference room, confirmed the MD attended Quality Assurance meetings and made no recommendations for restraint reductions in the facility. Interview with the facility Administrator and Licensed Practical Nurse (LPN) #1 on 5/11/17 at 4:34 PM, in the conference room, revealed the Quality Assurance (QA) team, including all disciplines, meets every other month, and the Medical Director has input with addressing concerns. Further interview revealed the QA team discussed the number and type of restraints.	N 601	Plan will be written by the committee. Any Action Plans will be monitored by the NHA weekly until resolution. Beginning 5/12/2017 the NHA will conduct meetings monthly x 6 months then quarterly thereafter. The QAPI meeting will be attended by the NHA, Medical Director, DON, ADON, QA Nurse, Risk Manager, Social Services Manager, CDM or Dietitian, Therapy Manager, and Medical Records Manager. Members will attend meetings 100% of the time with any absences approved prior to meeting and that all reports and monitoring are completed in a timely manner for each meeting by all respective managers. Results of the QAPI meetings will be presented quarterly to the governing body board meeting.	cont.

Division of Health Care Facilities
STATE FORM

6699

LW9W11

If continuation sheet 8 of 28

Duplicate

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER GORNERTSTONE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 601	Continued From page 9 Continued interview revealed LPN #1 knew restraints were applied correctly by resident behavior, infection control, and information from everybody, "...I monitor nurse's on floor, oversee Certified Nurse Assistants, and staff, I would see if done correctly..." Further interview with the Administrator revealed residents with restraints are discussed in the morning meeting. Interview with the facility Administrator and LPN #1 on 5/11/17 at 5:00 PM, in the business office common area, confirmed the Quality Assurance team had not identified restraints and their use as a concern in the Quality Assurance meetings.	N 601		
N 615	1200-08-06-.06(2)(d)3. Basic Services (2) Physician Services. (d) The Medical Director shall be responsible for the medical care in the nursing home. The Medical Director shall; 3. Review reports of all accidents or unusual incidents occurring on the premises, identifying hazards to health and safety and recommending corrective action to the administrator; This Rule is not met as evidenced by: Based on review of the Medical Director Agreement, medical record review, facility policy review, observation, and interview, the facility Medical Director failed to coordinate medical care in the facility by ensuring residents were appropriately assessed for the use of restraints, and failed to ensure residents were safe with the	N 615	1. What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice: On 5/12/2017 the NHA met with the Medical Director to review the following: 1) the outcomes of the survey 2) expectations and roles of the Medical Director as outlined in the Rules and Regulations, 3) reviewed and/or revised facility policies and procedures -Restraint Management -including residents appropriate assessments, ensure safety with the use of the restraint, Revised QAPI Plan and QAPI standardized agenda, , Wright Management, and 4) monitoring tools established for May survey deficiencies - Use and Assessment of Restraints, MD orders/Consent/Monitoring of Use of Restraints, Restraint assessment	6/15/17

cont.

Division of Health Care Facilities
STATE FORM

6500

1W9W11

If continuation sheet 10 of 28

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

TN9002

(X2) MULTIPLE CONSTRUCTION

A. BUILDING:

B. WING:

(X3) DATE SURVEY
COMPLETED

05/17/2017

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CORNERSTONE VILLAGE

2012 SHERWOOD DRIVE
JOHNSON CITY, TN 37601

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETE
DATE

N 601

Continued From page 9

Continued interview revealed LPN #1 knew restraints were applied correctly by resident behavior, infection control, and information from everybody. "...I monitor nurse's on floor, oversee Certified Nurse Assistants, and staff, I would see if done correctly..." Further interview with the Administrator revealed residents with restraints are discussed in the morning meeting.

Interview with the facility Administrator and LPN #1 on 5/11/17 at 5:00 PM, in the business office common area, confirmed the Quality Assurance team had not identified restraints and their use as a concern in the Quality Assurance meetings.

N 601

N 615

1200-08-06-.06(2)(d)3. Basic Services

(2) Physician Services.

(d) The Medical Director shall be responsible for the medical care in the nursing home. The Medical Director shall:

3. Review reports of all accidents or unusual incidents occurring on the premises, identifying hazards to health and safety and recommending corrective action to the administrator;

This Rule is not met as evidenced by:
Based on review of the Medical Director Agreement, medical record review, facility policy review, observation, and interview, the facility Medical Director failed to coordinate medical care in the facility by ensuring residents were appropriately assessed for the use of restraints, and failed to ensure residents were safe with the

N 615

and evaluation, Resident Rights for cont.
ADI documentation per care plan/nutrition intake/weights, infection control - hand hygiene following procedure and not changing gloves, answering call lights, Improper administration of drugs - mixing two insulin medications, current & appropriate interventions on care plans, incomplete documentation by Licensed staff, & staffing levels. The Medical Director coordinated care and the appropriate use of restraints on resident #56, 59, #34, #77, #83, #145, #100, #134, #14, #52 and #108 along with the NIA, New DON, ADON, and NEW Risk Manager on 5/17/17. Any interventions such as assessment for implementation, assessment for reduction, continued use, safety of the apparatus, Care

cont.

Division of Health Care Facilities
STATE FORM

0000

LW9W11

If continuation sheet 10 of 29

Duplicate

[illegible]

Duplicate

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER CORNERSTONE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 801	Continued From page 9 Continued interview revealed LPN #1 knew restraints were applied correctly by resident behavior, infection control, and information from everybody, "...I monitor nurse's on floor, oversee Certified Nurse Assistants, and staff, I would see if done correctly..." Further interview with the Administrator revealed residents with restraints are discussed in the morning meeting. Interview with the facility Administrator and LPN #1 on 5/11/17 at 5:00 PM, in the business office common area, confirmed the Quality Assurance team had not identified restraints and their use as a concern in the Quality Assurance meetings.	N 801			
N 815	1200-08-08-.06(2)(d)3. Basic Services (2) Physician Services. (d) The Medical Director shall be responsible for the medical care in the nursing home. The Medical Director shall: 3. Review reports of all accidents or unusual incidents occurring on the premises, identifying hazards to health and safety and recommending corrective action to the administrator; This Rule Is not met as evidenced by: Based on review of the Medical Director Agreement, medical record review, facility policy review, observation, and interview, the facility Medical Director failed to coordinate medical care in the facility by ensuring residents were appropriately assessed for the use of restraints, and failed to ensure residents were safe with the	N 615	Administrator will ensure the Medical Director is informed and reviewing any State reportable of unusual occurrences, unusual deaths, restraints usage, standards of care issues such as excessive weight loss or gain, restraint reduction program as evident by her signature on the document. 4. How does the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e. What quality assurance program will be put in place. Beginning 5/12/17 the NHA will monitor the Medical Director's effectiveness in reviewing and monitoring quality of care i.e. weights, restraints monthly x 6 months and provide an oral reports to the Governing Board. Beginning on 5/12/2017 the NHA will evaluate the Medical Director's participation	cont.	cont.

**Division of Health Care Facilities
STATE FORM**

6159

LW9W11

If continuation sheet 10 of 28

Duplicate

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER CORNERSTONE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 601	Continued From page 9 Continued interview revealed LPN #1 knew restraints were applied correctly by resident behavior, infection control, and information from everybody, "...I monitor nurse's on floor, oversee Certified Nurse Assistants, and staff, I would see if done correctly..." Further interview with the Administrator revealed residents with restraints are discussed in the morning meeting. Interview with the facility Administrator and LPN #1 on 5/11/17 at 5:00 PM, in the business office common area, confirmed the Quality Assurance team had not identified restraints and their use as a concern in the Quality Assurance meetings.	N 601			
N 615	1200-08-06-.06(2)(d)3. Basic Services (2) Physician Services. (d) The Medical Director shall be responsible for the medical care in the nursing home. The Medical Director shall: 3. Review reports of all accidents or unusual incidents occurring on the premises, identifying hazards to health and safety and recommending corrective action to the administrator; This Rule is not met as evidenced by: Based on review of the Medical Director Agreement, medical record review, facility policy review, observation, and interview, the facility Medical Director failed to coordinate medical care in the facility by ensuring residents were appropriately assessed for the use of restraints, and failed to ensure residents were safe with the	N 615	in the QAPI meetings and her review of the QAPI and quality of care issues. The NHA will monitor the Medical Director's QAPI participation and attendance and report any issues to the Governing Body. The NHA will ensure the Medical Director is fulfilling all requirements detailed in her contract.	cont.	

Division of Health Care Facilities
STATE FORM

6999

LWSW11

If continuation sheet 10 of 26

Duplicate

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER CORNERSTONE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 615	Continued From page 10 use of restraints. The findings included: Review of the Medical Director Agreement dated August, 2013 and amended on 8/15/15 revealed "...Medical Director shall...Recommend policies and procedures designed to achieve and sustain the highest standards of professional competence...On a monthly basis, review incidents and accidents that occur on the premises of the center to identify hazards to health and safety...Participate in developing written policies governing the medical, nursing, and related health services provided in the Facility..." Interview with the Medical Director (MD) on 5/11/17 at 8:45 AM, in the conference room, confirmed the MD was aware Resident #56 had slid under the soft belt restraint; the resident is "very active without safety awareness." Continued interview confirmed the MD had made no recommendations for restraint reductions in the facility, "was helping with fall risk, numerous falls, studies show restraints don't help with falls". Continued interview confirmed Nursing helps determine the use of restraints and Resident #56 was at risk for serious harm, injury or death due to his attempts to crawl out of the restraint.	N 615		
N 682	1200-08-06-.06(4)(f) Basic Services (4) Nursing Services. (f) The facility must ensure that an appropriate individualized plan of care is prepared for each resident with input from appropriate disciplines, the resident and/or the resident's family or the	N 682	1. What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice: Residents # 56 had his Care Plan revised on 5/10/17 by the Risk Manager to reflect his current or continued need for a restraint due to cont.	6/15/17

Division of Health Care Facilities
STATE FORM

0899

LW9W11

If continuation sheet 11 of 28

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER CORNERSTONE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 682	<p>Continued From page 11</p> <p>resident ' s representative.</p> <p>This Rule is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to revise a care plan to include the need to do a restraint assessment quarterly, and failed to include monitoring the use of a soft waist belt for 2 (#56, #145) residents.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #56 was admitted to the facility on 1/20/15 and readmitted on 6/6/16 with diagnoses including Traumatic Brain Injury, Epilepsy, Dementia with Behavior Disturbance, Pseudobulbar Affect, and Generalized Anxiety Disorder.</p> <p>Medical record review of a Physician's Order dated 1/7/16 revealed "...D/C [Discontinue] alarming self-release belt. M Apply soft belt restraint for hx [history] of falls, poor safety awareness..."</p> <p>Medical record review of the Care Plan reviewed on 2/27/17 revealed "...use of restraints r/t [related to] decreased safety awareness: soft belt restraint while up in w/c [wheelchair]...Complete Pre-Restraining Assessment...Apply restraint and check q [every] 30 min[minutes] and release q [every] 2 h [hours] for toileting and repositioning..."</p> <p>Observation on 5/9/17 at 2:00 PM, revealed the resident in a high back wheelchair in the common area on the upper floor. Continued observation revealed, on approach to the Nursing Station, another resident pointed at Resident #56.</p>	N 682	<p>spasticity and involuntary movements/shakes related to a traumatic brain injury along with restraint monitor and to obtain quarterly restraint assessment. An evaluation for a less restrictive restraint was completed on 5/11/17 to one on one monitoring and then reduced to a pelvic slider belt and care plan was updated on 5/12/17. On 6/6/17 a restraint assessment was completed and restraint discontinued and resident placed in Rocking King wheelchair for mobility and safety.</p> <p>Resident # 145 had her Care Plan revised on 5/12/17 by the Risk Manager to reflect her need for a restraint related to multiple falls along with restraint monitoring. Resident was discharged from facility on 5/17/17.</p> <p>MD notified of both residents' need for continued restraint application for safety related to falls or safety related to spasticity on 5/12/17.</p> <p>2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>On 5/12/17 the DON, ADON and MDS Coordinator reviewed all other residents in the facility that had any type of restraint application including reviewing their Care Plans and revised as needed to ensure all component of restraints management are reflected on their</p>	cont.	

Division of Health Care Facilities
STATE FORM

6399

LW8W11

If continuation sheet 12 of 28

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/17/2017
--	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CORNERSTONE VILLAGE

2012 SHERWOOD DRIVE
JOHNSON CITY, TN 37601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 682	<p>Continued From page 12</p> <p>Continued observation revealed Resident #56 was sliding down in the wheelchair with his feet up on another chair in front of him. Continued observation revealed a soft waist restraint was on the resident, sliding up towards the resident's neck, with the restraint straps noted to be down between the sides of the wheelchair, crossed behind the resident, and looped over the kick spurs. Licensed Practical Nurse #1 (LPN) was standing at the medication cart on the other side of the nursing station and came to assist Resident #56 when summoned.</p> <p>Observation on 5/9/17 at 5:50 PM, revealed Resident #56 seated in a high back wheelchair in the common area on the upper floor with the soft belt restraint in place.</p> <p>Observation of the resident on 5/10/17 at 2:25 PM, revealed the resident seated in a high back wheelchair with a soft belt restraint in place in the common area.</p> <p>Interview with Registered Nurse #2 (RN) on 5/11/17 at 5:55 PM in the MDS office confirmed the care plan had not been revised to include need to do restraint reduction assessment quarterly.</p> <p>Medical record review revealed Resident #145 was admitted to the facility on 11/18/16 with diagnoses including Altered Mental Status, Urinary Tract Infection, Dementia, and Hypertension.</p> <p>Medical record review of a physician's order dated 3/28/17 revealed "May use soft waist belt while up in wheel chair..."</p> <p>Medical record review of the current Care Plan reviewed on 2/24/17 revealed "...Risk for falls r/t</p>	N 682	<p>care plan including the quarterly cont. review for removal or the continued need for a restraint, correct type and application, and reduction attempts.</p> <p>One on one teachable moment with the two Care Plan Coordinators was conducted on 5/17/17 by the NHA to review the importance of having accurate care plans to ensure proper care is provided by staff.</p> <p>3. What measures will be put in place or what systematic changes will you make to ensure that the deficient practice does not recur:</p> <p>One on one teachable moment with the two Care Plan Coordinators was conducted on 5/17/17 by the NHA to review the importance of having accurate care plans to ensure proper care is provided by staff.</p> <p>On 5/12/17 the Administrator and DON reviewed the restraint management policy and procedures for needed revision but none was needed but supportive forms were updated.</p> <p>A systematic approach will be to have any resident that is assessed for any type of restraint will be to have the residents Care Plan updated properly by the Risk Manager to reflect the need for the restraint type, monitoring, restraint reduction attempts and correct application of the apparatus.</p> <p>The DON, Assistant Director of Nursing and NEW Risk Manager</p>	cont.

Division of Health Care Facilities
STATE FORM

0000

LW9W11

If continuation sheet 19 of 28

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER CORNERSTONE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG N 682	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG N 682	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p>Continued From page 12</p> <p>Continued observation revealed Resident #56 was sliding down in the wheelchair with his feet up on another chair in front of him. Continued observation revealed a soft waist restraint was on the resident, sliding up towards the resident's neck, with the restraint straps noted to be down between the sides of the wheelchair, crossed behind the resident, and looped over the kick spurs. Licensed Practical Nurse #1 (LPN) was standing at the medication cart on the other side of the nursing station and came to assist Resident #56 when summoned.</p> <p>Observation on 5/9/17 at 5:50 PM, revealed Resident #56 seated in a high back wheelchair in the common area on the upper floor with the soft belt restraint in place.</p> <p>Observation of the resident on 5/10/17 at 2:25 PM, revealed the resident seated in a high back wheelchair with a soft belt restraint in place in the common area.</p> <p>Interview with Registered Nurse #2 (RN) on 5/11/17 at 5:55 PM in the MDS office confirmed the care plan had not been revised to include need to do restraint reduction assessment quarterly.</p> <p>Medical record review revealed Resident #145 was admitted to the facility on 11/18/16 with diagnoses including Altered Mental Status, Urinary Tract Infection, Dementia, and Hypertension.</p> <p>Medical record review of a physician's order dated 3/28/17 revealed "May use soft waist belt while up in wheel chair..."</p> <p>Medical record review of the current Care Plan reviewed on 2/24/17 revealed "...Risk for falls r/t</p>		<p>were in-serviced on 5/17/17 by the cont.</p> <p>NHA on the requirement of having: residents care plan revised on a quarterly basis to reflect the restraint assessment for reduction, monitoring, continued usage, and application. An audit was put in place by the NHA to ensure that the Care Plans have been updated with the need for the restraint, monitoring, continued use, assessment for reduction. This audit is to be done by the DON, Risk Manager, Unit Manager, and/or RN Supervisors each shift. The goal of the audit will be 100% compliance. If the goal is not met, then the identified staff member who is not meeting the goal will be re-educated. Continued failure to comply with the goal by the identified employee will result in progressive disciplinary action. 4. How does the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e. What quality assurance program will be put in place.</p> <p>Beginning 6/1/17 the NHA or DON will review all restraint care plans and new admissions' care plans per month for a period of 3 months to ensure care plans are accurate and timely for restraint information: cont.</p>	

Division of Health Care Facilities
STATE FORM

6499

LW9W11

If continuation sheet 13 of 28

Duplicate

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER CORNERSTONE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG N 682	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG N 682	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p>Continued From page 12</p> <p>Continued observation revealed Resident #56 was sliding down in the wheelchair with his feet up on another chair in front of him. Continued observation revealed a soft waist restraint was on the resident, sliding up towards the resident's neck, with the restraint straps noted to be down between the sides of the wheelchair, crossed behind the resident, and looped over the kick spurs. Licensed Practical Nurse #1 (LPN) was standing at the medication cart on the other side of the nursing station and came to assist Resident #56 when summoned.</p> <p>Observation on 5/9/17 at 5:50 PM, revealed Resident #56 seated in a high back wheelchair in the common area on the upper floor with the soft belt restraint in place.</p> <p>Observation of the resident on 5/10/17 at 2:25 PM, revealed the resident seated in a high back wheelchair with a soft belt restraint in place in the common area.</p> <p>Interview with Registered Nurse #2 (RN) on 5/11/17 at 5:55 PM in the MDS office confirmed the care plan had not been revised to include need to do restraint reduction assessment quarterly.</p> <p>Medical record review revealed Resident #146 was admitted to the facility on 11/18/16 with diagnoses including Altered Mental Status, Urinary Tract Infection, Dementia, and Hypertension.</p> <p>Medical record review of a physician's order dated 3/28/17 revealed "May use soft waist belt while up in wheel chair..."</p> <p>Medical record review of the current Care Plan reviewed on 2/24/17 revealed "...Risk for falls r/t</p>			<p>updated quarterly, assessed for continued use, monitoring and application of the correct restraint type.</p> <p>Beginning May, 2017, the DON will report monitoring outcomes of care planning of restraint management auditing to the quarterly QAPI Committee meetings. The Administrator will report to the Governing Body concerning audits of restraint outcomes on a quarterly basis beginning 6/21/2017</p>	cont.

Division of Health Care Facilities
STATE FORM

8529

LW9W11

If continuation sheet 13 of 28

Duplicate

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER CORNERSTONE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 682	Continued From page 13 [related to] noted confusion and need for extensive assist with transfers and ambulation...soft waist belt while in wheel chair Start date: 03/28/17..." Continued review of the current Care Plan revealed no documentation for the monitoring of the soft waist belt. Observation on 5/10/17 at 1:50 PM revealed the resident seated in a wheelchair, in the hallway, with a soft waist belt restraint in place. Interview with Registered Nurse (RN) #2, on 5/10/17 at 11:10 AM, in the MDS office, confirmed the care plan was not revised to include the need for the soft waist belt restraint to be checked every 30 minutes and released every 2 hours, or the need to do a restraint reduction review every 3 months.	N 682		
N 698	1200-08-06-.06(4)(v) Basic Services (4) Nursing Services. (v) Residents' weights shall be taken and recorded at least monthly unless contraindicated by a physician's order. This Rule is not met as evidenced by: Based on review of facility policy, medical record review, and interview, the facility failed to maintain acceptable nutritional status, resulting in a 10.9% weight loss for 1 resident (#51). The findings included: Review of the facility policy Weight Loss Prevention (undated) revealed "...Weight loss intervention will be implemented for those residents experiencing a weight loss...Weight	N 698	1. What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice: Resident #51 expired on 3/28/2017 at 16:32 at the hospital. Resident # 51 is no longer a resident at this facility as of 3/24/17. On 4/1/17 - 5/12/17 the Administrator, DON, and Attorney did an internal investigation on resident #51's medical record which included Physicians orders, progress notes, care plans, assessments, MDS, etc. along with the State Surveyors deficiencies during survey. The review was used to identify potential issues that could affect all residents as described herein.	6/15/17

cont.

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/17/2017
---	---	--	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CORNERSTONE VILLAGE

2012 SHIRWOOD DRIVE
JOHNSON CITY, TN 37601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 698	<p>Continued From page 14</p> <p>loss intervention is implemented to prevent further weight loss and to maintain improve the resident's nutritional status..."</p> <p>Medical record review of the hospital admission report dated 2/13/17 revealed Resident #51 weighed 177 pounds.</p> <p>Medical record review revealed Resident #51 was admitted to the facility on 2/18/17 with diagnoses including Fracture of the Calcaneal (bone in the ankle) of the Left Ankle, Atrial Fibrillation, Chronic Obstructive Pulmonary Disease, Hard of Hearing, and Senile Dementia. Further review revealed Resident #51 discharged to the hospital on 3/24/17 with diagnoses including Dehydration, Urinary Tract Infection, and Septicemia (infection in the blood) and passed away at the hospital on 3/28/17.</p> <p>Medical record review of the Baseline Admission Care Plan dated 2/18/17 revealed "...consumes less than 75% of food/or fluids at most meals...broken or missing teeth...weigh and monitor results....Observe for s/s [signs/symptoms] of dehydration & [and] report to nurse..."</p> <p>Medical record review of the Daily Charting completed by the Certified Nurse Assistants (CNA)s dated 2/18/17 to 3/24/17 revealed Resident #51 consumed 25% or less for 71 of 102 meals, and 18 meals had no documentation if the resident consumed any of the meal.</p> <p>Medical record review of the laboratory results dated 2/19/17 revealed the resident was Anemic (low iron).</p> <p>Medical record review of Resident #51's weights</p>	N 698	<p>NOTE: The comment made by the CDM that the DON and NHA were aware that weights were not being obtained is <u>UNTRUE</u>. The NHA was not aware but was made so on 3/27/17 of the issue of only two weights on Resident #51. Upon internal investigation, it was noted that this resident was only weighed on 2/21/17 and 3/17/17. The CDM nor former DON did not advise the NHA of only these two weights being obtained. The CDM had used the hospital weight as his admission weight and he continued to use the hospital weight or later the 1st NH weight for analysis. There was not any information relayed to the NHA in any Morning Clinical Meeting that identified that weight were not being obtained except on one occasion which was on 3/6/17 where the CDM stated that weights had not been gotten in two weeks. This was in relation to the purchase of a new scale that had arrived, then was sent back for replacement. There were two Hoyer Lift Scales in the facility. And the former D.O.N.'s former Weight C.N.A. was designated to get the weights. The NHA demanded that a loaner wheelchair Scale be obtained that day (delivered the next morning) to do the weights on. There is evidence in the new admission resident's medical record during this time frame of weights being obtained per the Hoyer Lifts. Other than this one comment there</p>	cont.

Division of Health Care Facilities
STATE FORM

6406

LW00W11

If continuation sheet 15 of 28

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER CORNERSTONE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 698	<p>Continued From page 15</p> <p>dated 2/21/17 (3 days after admission) revealed a weight of 164.4 pounds (12.6 pound weight loss). Continued review of a weight dated 3/17/17 (approximately 1 month after admission) revealed Resident #51 weighed 146.2 pounds, a weight loss of 18.2 pounds or 10.9% of the resident's body weight.</p> <p>Medical record review of the Physician Standing Orders signed by the resident's physician on 2/22/17 revealed "...Weekly weights X [times] 4 weeks on admission, if stable then monthly..."</p> <p>Medical record review of "Dietitian Communication/Order Form" dated 2/22/17 revealed "...recommend multivitamin for [increased] nutrient needs..."</p> <p>Medical record review of Resident #51's care plan dated 2/28/17 revealed "...I am at risk for altered nutritional status r/t [related to] assistance with all meals and a dx [diagnosis] of dementia...I will have a PO [by mouth] intake of at least 51-75% of most meals by next review...Weigh me and monitor my weight per facility policy...Monitor my daily food and fluid intake...Coordinate my nutritional care with RD [Registered Dietitian], MD [Medical Doctor], and other disciplines as necessary..."</p> <p>Interview with the Certified Dietary Manager (CDM) and the Executive Chef on 5/12/17 at 2:35 PM, in the conference room, revealed the CDM monitored residents' weights obtained by the weight team. Further interview revealed the CDM used the weights to determine if he recommended the RD see the resident. Continued interview revealed Resident #51 was not weighed for several days after admission. Further interview revealed for several weeks in</p>	N 698	<p>Is no other mention of weights not being obtained. cont.</p> <p>2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. All other residents in the facility had their medical record reviewed and a current weight was obtained (except 3 hospice cases) by the new weight team assigned by the NHA on 3/27/17. All weights were presented to the CDM and/or Dietitian for analysis along with MD notification for any nutritional interventions.</p> <p>3. What measures will be put in place or what systematic changes will you make to ensure that the deficient practice does not recur: Upon being notified of missed weights on 3/27/2017, the NHA replaced the former Weight CNA responsible for obtaining weights with another Weight Team C.N.A.(s) due to former Weight Team C.N.A refusing to do weights as assigned by the former DON and not using the available scales in the building. The former DON failed to enforce these requests. New Weight C.N.A.(s) assigned to do weights on 3/27/2017 were in-serviced on the two Hoyer Lift scales and the Loaner Scales, and new weight scales. Beginning on 5/17/17 the DON, Risk Manager, &/or RN Supervisor in-serviced all nursing staff (RN, LPNs, CNAs) on</p> <p>cont.</p>		

Division of Health Care Facilities
STATE FORM

6699

LW9W11

If continuation sheet 16 of 28

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER CORNERSTONE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 698	<p>Continued From page 16</p> <p>February and March there were no weights obtained by the weight team, and the CDM reported this to the Administrator and DON in morning meetings.</p> <p>Interview with the Administrator and the Director of Nursing (DON) on 5/12/17 at 3:15 PM, outside of the Administrator's office, confirmed only 2 weights were obtained during Resident #51's stay at the facility.</p> <p>Interview with Licensed Practical Nurse (LPN) #6 on 5/15/17 at 9:56 AM, at the downstairs nurse's desk, confirmed he was aware of Resident #51's poor intake and did not notify the Nurse Practitioner (NP) or the physician.</p> <p>Interview with LPN #7 on 5/15/17 at 9:56 AM, at the downstairs nurse's desk, confirmed she was aware of Resident #51's poor intake and did not notify the NP or the physician.</p> <p>Interview with Certified Occupational Therapist Assistant (COTA) #1 on 5/15/17 at 10:01 AM, in the upstairs dayroom, revealed COTA #1 worked with Resident #51 during his stay in the facility. Further interview revealed Resident #51 mostly picked at his food, preferred smooth consistency, and did better with finger foods due to his impaired vision. Continued interview with COTA #1 confirmed she did not report to the RD he wasn't eating "...that is nursing's job..."</p> <p>Interview with NP #1 on 5/16/17 at 11:21 AM in the small conference room, revealed NP #1 was in the facility Monday through Friday each week. Further interview revealed new admission residents were weighed weekly for 4 weeks and then monthly. Continued interview revealed NP #1 usually received reports from Nursing</p>	N 698	<p>notifying the physician when resident's condition changes (decline in weight), weight management policy. The CDM and were in-serviced concerning the changes in the weight management team, documentation of oral intake percentages of each meal, roles and responsibilities in regards to the resident's weight management and nutritional status. Any staff missing in-servicing will not work until they receive the education. Any staff who fail to comply with the points of the In-services will be further educated and/or progressively disciplined.</p> <p>As a systematic process going forward, the CDM was advised by the NHA on 5/12/17 to never use a hospital weight in the future for the resident's admission weight since there is such a discrepancy in the two facility scales.</p> <p>The MD and/or NP will be advised of any significant weight losses as they occur so appropriate interventions can be implemented timely. The NHA also implemented a new Weight Team consisting of three C.N.A.'s, the Administrative Assist/Pt Representative, DON, ADON, Risk Manager, Therapy Manager, Social Services Mgr, CDM and Dietitian to ensure that weights are obtained timely 3/27/17. Education was provided to the DON, Assistant DON, CDM and Dietitian on the weight management process new weight team meeting and weight C.N.A.'s by</p>	<p>cont.</p> <p>cont.</p>	

Division of Health Care Facilities
STATE FORM

6599

1W9W11

If continuation sheet 17 of 28

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER CORNERSTONE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
N 698	Continued From page 16 February and March there were no weights obtained by the weight team, and the CDM reported this to the Administrator and DON in morning meetings. Interview with the Administrator and the Director of Nursing (DON) on 5/12/17 at 3:15 PM, outside of the Administrator's office, confirmed only 2 weights were obtained during Resident #51's stay at the facility. Interview with Licensed Practical Nurse (LPN) #6 on 5/15/17 at 9:56 AM, at the downstairs nurse's desk, confirmed he was aware of Resident #51's poor intake and did not notify the Nurse Practitioner (NP) or the physician. Interview with LPN #7 on 5/15/17 at 9:56 AM, at the downstairs nurse's desk, confirmed she was aware of Resident #51's poor intake and did not notify the NP or the physician.	N 698	the NHA 5/17/17. 4. How does the corrective cont. action(s) will be monitored to ensure the deficient practice will not recur; i.e. What quality assurance program will be put in place. Beginning 5/24/17 the NHA implemented an audit to be done weekly by the Administrative Assist/Pt Rep. to ensure that weights are being completed on admission then weekly then monthly as indicated. The MD will initial the weight log and will be advised of any significant weight losses/gains so interventions can be implemented if needed. Beginning 4/3/17 the NHA and DON implemented an audit of the meal percentage sheets, weight logs, weekly weights to be completed by the Admin. Assist/Pt Rep that will be used at the weekly weight meeting to ensure that the Medical Director has been notified of significant weight losses/gains. Audits will be performed weekly by the Admin Assist/Pt Rep x 8 then monthly thereafter. Beginning 5/18/2017 the DON & Nursing Supervisor checked all resident's chart for any missed documentation on meal percentages and documentation of weights and medications not documented. There were no residents with missed documentation of meal percentages, weights or meds. These checks will be done daily for 4 weeks then		cont.
	Interview with Certified Occupational Therapist Assistant (COTA) #1 on 5/15/17 at 10:01 AM, in the upstairs dayroom, revealed COTA #1 worked with Resident #51 during his stay in the facility. Further interview revealed Resident #51 mostly picked at his food, preferred smooth consistency, and did better with finger foods due to his impaired vision. Continued interview with COTA #1 confirmed she did not report to the RD he wasn't eating "...that is nursing's job..." Interview with NP #1 on 5/16/17 at 11:21 AM in the small conference room, revealed NP #1 was in the facility Monday through Friday each week. Further interview revealed new admission residents were weighed weekly for 4 weeks and then monthly. Continued interview revealed NP #1 usually received reports from Nursing		cont.		

Division of Health Care Facilities
STATE FORM

6620

LW8W11

If continuation sheet 17 of 28

Duplicate

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER CORNERSTONE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 698	<p>Continued From page 16</p> <p>February and March there were no weights obtained by the weight team, and the CDM reported this to the Administrator and DON in morning meetings.</p> <p>Interview with the Administrator and the Director of Nursing (DON) on 5/12/17 at 3:15 PM, outside of the Administrator's office, confirmed only 2 weights were obtained during Resident #51's stay at the facility.</p> <p>Interview with Licensed Practical Nurse (LPN) #6 on 5/15/17 at 9:56 AM, at the downstairs nurse's desk, confirmed he was aware of Resident #51's poor intake and did not notify the Nurse Practitioner (NP) or the physician.</p> <p>Interview with LPN #7 on 5/15/17 at 9:56 AM, at the downstairs nurse's desk, confirmed she was aware of Resident #51's poor intake and did not notify the NP or the physician.</p> <p>Interview with Certified Occupational Therapist Assistant (COTA) #1 on 5/15/17 at 10:01 AM, in the upstairs dayroom, revealed COTA #1 worked with Resident #51 during his stay in the facility. Further interview revealed Resident #51 mostly picked at his food, preferred smooth consistency, and did better with finger foods due to his impaired vision. Continued interview with COTA #1 confirmed she did not report to the RD he wasn't eating "...that is nursing's job..."</p> <p>Interview with NP #1 on 5/16/17 at 11:21 AM in the small conference room, revealed NP #1 was in the facility Monday through Friday each week. Further interview revealed new admission residents were weighed weekly for 4 weeks and then monthly. Continued interview revealed NP #1 usually received reports from Nursing</p>	N 698	<p>randomly on a monthly basis. If any cont. documentation is not done the staff nurse or C.N.A. responsible for the missed documentation will be required to return to work to complete documentation. The goal of the audit will be 100% compliance. If the goal is not met, then the identified staff member who is not meeting the goal will be re-educated. Continued failure to comply with the goal by the identified employee will result in progressive disciplinary action. Beginning May, 2017, the DON will report monitoring outcomes of weight management auditing to the quarterly QAPI Committee meetings. The NHA will report to the Governing Body concerning audits of restraint outcomes on a quarterly basis beginning 6/21/2017.</p>		

Division of Health Care Facilities
STATE FORM

0000

LW9W11

If continuation sheet 17 of 28

Duplicate

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER CORNERSTONE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
N 698	Continued From page 17 Supervisors or the CDM if a resident had a poor appetite. Continued interview revealed the NP was not notified of Resident #51's poor appetite, or severe weight loss until 3/24/17 the day Resident #51 was discharged to the hospital. Interview via telephone with Resident #51's physician on 5/16/17 at 1:30 PM, revealed the physician was first notified of Resident #51's poor nutritional intake on 3/23/17, the day before Resident #51 was discharged to the hospital. Further interview confirmed had the physician been notified of the poor intake, she could have made recommendations to try and increase the resident's intake and reduced the weight loss. Interview via telephone with the RD on 5/16/17 at 2:00 PM, revealed the RD ordered the multivitamin because the laboratory results dated 2/19/17 showed the resident was anemic. Further interview revealed the RD was never notified of Resident #51's poor intake or severe weight loss. Continued interview revealed the RD would have made recommendations for interventions, since the 177 pound hospital weight was on the lower aspect of the resident's Ideal Body Weight. Interview with the Administrator on 5/16/17 at 3:00 PM, in the small conference room, confirmed the facility did not follow Physician's orders or facility policy to obtain weights for Resident #51 and to implement interventions for the resident with a poor appetite, to prevent severe weight loss, resulting in a 10.9% weight loss in less than a month	N 698			
N 700	1200-08-06-.06(4)(x) Basic Services (4) Nursing Services.	N 700	1. What corrective action (s) will be accomplished for those residents found to have been affected by the		6/15/17 cont.

Division of Health Care Facilities
STATE FORM

8400

LW9W11

If continuation sheet 18 of 28

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER CORNERSTONE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 700	Continued From page 18 (x) Restraints may be applied or administered to residents only on the signed order of a physician. The signed physician's order must be for a specified and limited period of time and must document the necessity of the restraint. There shall be no standing orders for restraints. This Rule is not met as evidenced by: Based on facility policy review, medical record review, observation, and interview, the facility failed to ensure Physician's Orders were obtained for the use of restraints for 5 (#59, #34, #77, #134, and #14) residents. The findings included: Review of the facility policy Restraints, reviewed 7/14/16, revealed "...The resident has the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms...Physical Restraints are defined as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. Physical restraints include, but are not limited to, leg restraints, hand mitts, soft ties or vests, lap cushions, and lap trays the resident cannot remove easily...Using devices in conjunction with a chair, such as trays, tables, bars or belts, that the resident cannot remove easily, that prevent the resident from rising ...Restraints may not be used or applied in a manner, which causes injury to the patient...Physical restraints shall be checked	N 700	deficient practice: cont. A Restraint Reduction Assessment was completed for all residents on 5/12/17 by the New Risk Manager, New DON, ADON, and RN Supervisor. If any changes were made, a physician order were obtained as follows: Resident #56 had a new restraint reduction assessment completed on 5/12/17 by the New Risk Manager, who changed the soft belt restraint to a "pelvic slider belt" with a physician order that this apparatus is used for this resident's safety related to a traumatic brain injury causing him to have spasticity and involuntary movement/shakes. On 6/6/17, this resident had another restraint reduction assessment and the restraint was discontinued. He was placed in a Rocking King Wheelchair for safety and comfort. Resident #59 had a restraint reduction assessment on 5/17/17 with no changes and remains in a Geri-chair with a tray top. On 6/6/17, this resident had a restraint reduction assessment and her restraint was discontinued. The resident was placed in a Ormeda Wheelchair for positioning and safety. Resident #34 had a restraint reduction assessment on 5/17/17 with no changes and remains in a Geri-chair with a tray table OR a wheelchair with a soft belt restraint cont.		

Division of Health Care Facilities
STATE FORM

6009

LW9W11

If continuation sheet 19 of 28

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER CORNERSTONE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 2072 SHERWOOD DRIVE JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 700	Continued From page 19 every (30) minutes and released every two (2) hours so the resident may be exercised and offered toilet access...A signed, dated, written physician order shall be required for a physical restraint. This order shall include the type of restraint to be used, reason for use...Restraint use will be assessed by the interdisciplinary team on admission and readmission and at least quarterly for elimination, reduction or continued need based on resident's condition..." Medical record review revealed Resident #59 was admitted to the facility on 8/10/15 with diagnoses including Hypertension, Alzheimer's Dementia, Anxiety, Depression, and Psychosis. Medical record review of the physician's order dated 2/26/16 revealed "Failed reduction-Geri chair [Gchair] with tray table due to poor safety awareness, multiple falls. DX [Diagnosis] dementia". Medical record review of the Pre-Restraining Evaluation dated 2/26/16 revealed "...w/c [wheelchair] with lap buddy-failed-Gchair with tray 2/29/16..." Medical record review of Resident #59's care plan dated 2/29/16, revealed "...Geri chair with tray top up...Review my restraint use quarterly and prn [as needed] for potential reduction..." Observation on 5/8/17 at 4:15 PM, in the 500 hallway near the elevator revealed Resident #59 was seated in a wheelchair with a soft lap belt applied (not in a geri chair with tray top). Resident #59 had slid down in the wheelchair with the soft lap belt around her chest, just under her breast.	N 700	per daughter's (employee) request. cont. On 6/6/17 a restraint reduction assessment was completed and her restraint was removed and placed in a Broda Tilt chair for safety and comfort. Resident #77 had a restraint reduction assessment on 5/5/17 and soft belt restraint discontinued. Resident #83 had a restraint reduction assessment on 5/17/17 with no changes and remains in a soft belt at the husband's request. Resident #145 had a restraint reduction assessment on 5/5/17 with no changes and remained in a Soft belt due to a fall risk. On 5/15/17 Resident was discharged to ACLF. Resident #145 was discharged to Assisted Living on 5/15/17. Resident #100 had a restraint reduction assessment on 5/17/17 with no changes and remains in a soft belt restraint. On 6/6/17 a restraint reduction assessment was done and her restraint was discontinued to a Dyn-Scooter Chair for safety and comfort. Resident #134 had a restraint reduction assessment on 5/5/17. A reduction was attempted but was not successful so restraint was reordered on 5/11/17 and remains in place. On 6/6/17 another restraint reduction assessment was completed and resident was placed in Broda Pedal Rocker for safety and cont.	

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER CORNERSTONE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 700	<p>Continued From page 20</p> <p>Interview with Registered Nurse (RN) #1 on 5/8/17 at 4:15 PM in the 500 hallway near the elevator, revealed the RN did not identify the resident had been placed in a restraint that had not been ordered and the resident had not been assessed for the use of this type of restraint.</p> <p>Interview with LPN #2 on 5/8/17 at 4:25 PM, on the 500 hallway near the elevator, did not identify the resident had been placed in an incorrect restraint and confirmed the restraint was positioned too high on the resident.</p> <p>Observation and interview with CNA #1 on 5/9/17 at 4:25 PM, on the 500 hallway near the elevator, revealed the lap belt could be at chest level because the resident was small and she scoots around in a chair, "...She is usually in a ger chair, I don't know who put her in this chair with the belt..."</p> <p>Interview with CNA #2 on 5/11/17 at 1:26 PM, in a resident room near the upstairs dining area, revealed CNA #2 got Resident #59 out of the bed on 5/8/17 in the afternoon, placed Resident #59 in the wheel chair, and applied the soft belt restraint "...I didn't know, [wrong restraint] nobody told me, I went past 3 full time CNAs and they didn't say anything...when we do rounds they just say if they are dry, sick, that's the extent of it...they don't say anything about restraints..."</p> <p>Medical record review revealed Resident #34 was admitted to the facility on 7/6/15 with diagnoses including Hypertension, Dementia, Psychosis, Schizophrenia, Anxiety and Depression.</p> <p>Medical record review of the physician's orders from 2/11/16 to 5/11/17 and interview with LPN #1 on 5/11/17, at 9:00 AM, near the upstairs nurse's</p>	N 700	<p>comfort cont.</p> <p>Resident # 14 had a restraint reduction assessment on 5/17/17 which was discontinued on 5/17/17.</p> <p>Resident #52 has a restraint reduction assessment on 5/17/17 with no changes and the soft belt remains in place. ON 6/6/17, this resident was transferred to the local hospital for acute care treatment.</p> <p>Resident #108 had a restraint reduction assessment on 5/17/17 with no changes and the soft belt remained in place until 5/27/17 when soft belt was reduced to a pommel cushion with dycem while in the wheelchair. On 6/6/17 a restraint reduction assessment was completed and the restraint was discontinued. The resident was placed in a Broda Paddle Rocker for safety and comfort.</p> <p>The three residents (#59, #34, and #77) who were identified during survey with restraints in use which were not the correct restraint, the Risk Manager immediately corrected their restraint to the correct type of restraint 5/9/17.</p> <p>The three residents (#56, #59 and #108) who were identified during survey as having restraints applied in an unsafe manner during survey, had these restraints removed and correctly applied on 5/09/17 by Risk Manager. The one resident (#34) who was identified during survey as showing signs of agitation by cont.</p>		

Division of Health Care Facilities
STATE FORM

6800

1W9W11

If continuation sheet 21 of 28

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/17/2017
---	---	--	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CORNERSTONE VILLAGE

2012 SHERWOOD DRIVE

JOHNSON CITY, TN 37601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 700	Continued From page 21 desk, confirmed no physician's orders were in place for Resident #34 to be placed in a geri chair with a table top in place. Medical record review of the Physician's Order dated 3/3/17 revealed "(1) Discontinue Geri chair with tray top when out of bed. (2) Wheel chair with soft waist Belt and anti-tippers when out of bed as tolerated." (no reason/diagnosis stated) Observation and interview with CNA #14 in the upstairs dining area on 5/8/17 at 12:00 PM, revealed Resident #34 seated in a reclined geri chair, with an attached table in place, waiting for the lunch meal, and pushing on the table. Interview with CNA #14 revealed "we always put the tables up on the geri chairs for lunch." Observation on 5/9/17 at 9:10 AM, 11:00 AM, 12:45 PM, 4:30 PM, and on 5/10/17 at 8:00 AM, and 8:30 AM, in the dining area, revealed Resident #34 in the reclined geri chair with the attached table in place, slightly agitated, and asked to have the table off. Continued observation revealed the tray table was not removed. Medical record review revealed Resident #77 was re-admitted to the facility on 5/13/16 with diagnoses including Congestive Heart Failure, Depression, Arthritis, and Peripheral Vascular Disease. Medical record review of Physician's Orders dated 3/28/17 revealed "...May use soft waist [restraint] while up in wheel chair..." (no reason or diagnosis stated) Medical record review of the physician's order dated 5/5/17 revealed "Check resident lower	N 700	pushing on the restraint tray table cont. had the tray removed on 5/11/17 due to no physician order. 2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. On 5/12/17 the DON, ADON and Risk Manager reviewed all residents who have restraints in the facility for appropriate assessment for implementation of a restraint, physician orders for the identified restraint, restraint reduction, if possible or alternative type or downgrade, continuation of the restraint and care planning along with correct restraint application. Any issue regarding the restraint usage that was identified was reported to NHA and/or Medical Director. 3. What measures will be put in place or what systematic changes will you make to ensure that the deficient practice does not recur: On 5/17/17 the NHA, New DON, ADON, House Supervisors reviewed and revised the Policy and procedure for Restraint Management including usage and physician notification. On 5/09/17 the NHA in-serviced the new DON, Assistant Director of Nursing, Restraint Manager, House SV, Medication Nurses and C.N.A.s on restraint application requirements per the facility's policy cont.	

Division of Health Care Facilities
STATE FORM

6500

LW9W11

If continuation sheet 22 of 28

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER CORNERSTONE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 700	Continued From page 22 extremities daily @ [at] 10 AM, if pitting edema is present, resident is to be in geri chair when out of bed." Observation and interview with CNA #14 on 5/11/17 at 8:30 AM, in the upstairs dining area, revealed Resident #77 sitting in a geri chair with the tray table in the up position. Interview confirmed the resident was sitting in the geri chair with the tray table in the up position and the CNA failed to identify the resident was supposed to be in a soft waist restraint. Observation and interview with LPN #1 on 5/11/17, at 8:35 AM, confirmed Resident #77 was seated in the geri chair with the tray table in the up position, and the LPN did not recognize the resident was to be in a soft waist restraint. Medical record review of the Physician's Orders with Nurse Practitioner (NP) #1 on 5/11/17 at 10:15 AM, at the upstairs nurse's desk, confirmed there was not an order for the geri chair table top to be in the up position, restraining Resident #77. Medical record review revealed Resident #134 was admitted to the facility on 1/19/17 with diagnoses including Altered Mental Status, Dementia with Behavioral Disturbance, Atrial Fibrillation, Schizoaffective Disorder, Hypertension and Hypothyroidism. Medical record review of a physician's order dated 3/28/17 revealed "...may use soft waist belt while up in chair..." Medical record review of a physician's order dated 5/5/17 revealed "...Discontinue Soft waist belt while in wheel chair...place chair alarm in wheel chair..."	N 700	and procedure and the correct cont. application process. On 5/12/17 the NHA, DON, Risk Manager conducted a mandatory in-service on the facility's Restraint policy to all nursing staff (RNs, LPNs, & CNAs). No staff will work until they have received this education. The Don & ADON will reconcile it with a current employee roster and also the employee schedule. Effective 5/12/17, any staff who fail to comply with the points of the in-services will be further educated and/or progressively disciplined as indicated. After completing the mandatory in-service on 5/16/17, a post test was given to all RN's, LPN's and C.N.A.'s by the DON, ADON, QA Nurse and/or New Risk Mgr. House Supervisor to ensure understanding along with restraint application competency. Any new hires are educated during orientation by the DON, ADON or Nursing SV. On 5/12/17 the NHA and New DON developed an audit tool to review the restraint application process in the facility. This audit tool will be completed by the Risk Manager, RN Supervisor, or Unit Manager. Beginning 5/12/17 the Restraint Usage Report will be reviewed weekly by the NHA at the weekly Restraint meeting. 4. How does the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e. cont.	

Division of Health Care Facilities
STATE FORM

8899

LW9W11

If continuation sheet 23 of 28

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER CORNERSTONE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 700	<p>Continued From page 23</p> <p>Review of Resident #134's Care Plan, last revised on 5/5/17, revealed "...discontinue soft waist belt while in wheel chair..."</p> <p>Observation on 5/10/17 at 2:30 PM, in the resident's room, revealed the resident seated in a wheel chair with a soft lap belt applied.</p> <p>Interview with LPN #1 on 5/10/17 at 2:40 PM, in the resident's room, confirmed the resident had a soft lap belt applied and did not have a current Physician's Order for the soft belt restraint. Continued interview confirmed the soft lap belt was discontinued on 5/5/17. Further interview revealed it was procedure to communicate changes during shift change and all Certified Nurse Aides (CNA) "...should be aware of a change..."</p> <p>Interview with CNA #3 on 5/10/17 at 5:25 PM, at the upstairs nurses station, confirmed she was assigned to Resident #134 and was aware of the new order to discontinue the lap belt. Continued interview confirmed she asked for CNA #10 to assist with the resident and she did not apply the lap belt.</p> <p>Interview with CNA #10 on 5/10/17 at 5:30 PM, at the upstairs nurses station, confirmed he was not aware of the order to discontinue to soft lap belt. Continued interview confirmed he assisted the resident but did not apply the restraint.</p> <p>Medical record review revealed Resident #14 was admitted to the facility on 8/1/15 with diagnoses to include Dementia without Behavioral Disturbance, Anxiety Disorder, Type 2 Diabetes, and Insomnia.</p> <p>Medical record review of the Interdisciplinary Notes dated 2/18/17 revealed "...Soft belt is in</p>	N 700	<p>What quality assurance program will be put in place.</p> <p>Beginning 5/17/17, the new Risk Manager will audit the medical record of any residents with a restraint weekly x 4, then monthly thereafter to ensure attending physician has been notified of the need for a restraint, assessment prior to implementation of the restraint, restraint reduction assessment is occurring timely, the need for continuation of the restraint and that the resident's care plan has been updated appropriately for the restraint. The goal of the audit will be 100% compliance. If the goal is not met, then the identified staff member who is not meeting the goal will be re-educated. Continued failure to comply with the goal by the identified employee will result in progressive disciplinary.</p> <p>Beginning in May, 2017, the DON will report monitoring outcomes of restraint management auditing to the quarterly QAPI Committee meetings. The NHA will report to the Governing Body concerning audits of restraint outcomes on a quarterly basis beginning 6/21/17.</p>	Cont.

Division of Health Care Facilities
STATE FORM

6699

05/9/11

If continuation sheet 24 of 28

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/17/2017
--	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CORNERSTONE VILLAGE

2012 SHERWOOD DRIVE
JOHNSON CITY, TN 37601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 700	Continued From page 24 place when resident up in chair..." (no reason given). Observation of Resident #14 on 5/8/17 at 11:30 AM, in the upstairs dining room, revealed the resident seated in a wheel chair with a soft lap belt in place. Observation of Resident #14 on 5/9/17 at 9:10 AM, 11:00 AM, 1:24 PM, 4:30 PM, and 5:10 PM, in the upstairs dining room, revealed the resident seated in a wheel chair with a soft lap belt in place. Interview with LPN #1 on 5/10/17 at 9:25 AM, at the upstairs nurses station, confirmed there was not a physician's order for the soft belt lap restraint. Interview with LPN #1 on 5/10/17 at 3:15 PM, at the upstairs nurses station, confirmed "...sometime the nurses will put something [restraints] on..."	N 700		
N 707	1200-08-06-.06(5)(b) Basic Services (5) Medical Records. (b) The nursing home must maintain a medical record for each resident. Medical records must be accurate, promptly completed, properly filed and retained, and accessible. The facility must use a system of author identification and record maintenance that ensures the integrity of the authentication and protects the security of all record entries.	N 707	1. What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice: The medical records for residents #64 and #133 were reviewed for accuracy. Resident #133 was discharged on 3/20/17 therefore no other information could be placed in the closed medical record. Resident #64 Ruby Ford had her medical record reviewed and updated with any available information as of 6/1/17. cont.	6/15/17

Division of Health Care Facilities
STATE FORM

6500

LW9W11

If continuation sheet 25 of 28

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/17/2017
---	---	--	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CORNERSTONE VILLAGE

2012 SHERWOOD DRIVE

JOHNSON CITY, TN 37601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 707	<p>Continued From page 25</p> <p>This Rule is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to maintain an accurate medical record for 2 residents (#64 and #133).</p> <p>The findings included:</p> <p>Medical record review revealed Resident #64 was admitted to the facility on 9/30/16 with diagnoses including Dementia, Anemia, Heart Failure, Depression, and Anxiety.</p> <p>Medical record review of Resident #64's Daily Charting (electronic Certified Nursing Aide documentation), dated 4/1/17 - 5/9/17 revealed 20 blank sections in the PERSONAL HYGIENE Oral Care under the Signature & Date/Notes columns, indicating the care was not documented as performed by staff.</p> <p>Interview with the Director of Nursing (DON) on 5/11/17 at 7:25 AM, in the conference room, confirmed no documentation in the CNA Daily Charting oral care was completed on 20 occasions from 4/1/17 - 5/9/17 where the signature sections were blank.</p> <p>Medical record review revealed Resident #133 was admitted to the facility on 1/13/17 with diagnoses including Chronic Atrial Fibrillation, Alzheimer's Disease, Diabetes, and Anxiety Disorder.</p> <p>The resident was discharged on 3/20/17.</p> <p>Review of the Showers Form and Activities of Daily Living (ADL) Sheets revealed the resident received a shower on 1/25/17, 1/31/17, 2/3/17,</p>	N 707	<p>2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>All other resident's medical records were reviewed by members of Nursing SV for accuracy by 6/6/17 and updated if needed.</p> <p>3. What measures will be put in place or what systematic changes will you make to ensure that the deficient practice does not recur:</p> <p>Policy and procedure for daily charting in the resident's medical record were reviewed and updated if needed as of 6/6/17 by the NHA, DON, ADON and Medical Director. A systematic process to ensure that charting has been completed by the certified nursing assistants and shower team will be to educate them on the requirement to complete charting and documentation before they leave their shift each day. If any staff member has been found to have not completed their charting, and they have left the facility, they will be called to return to complete charting as required. If the staff member refuses to return to complete required charting/documentation, they will be given corrective action. An audit will be put in place by the DON, ADON or Nurse SV to ensure that all charting has been completed in a timely manner. The audit will occur daily x 4 weeks then monthly</p>	Cont.

Division of Health Care Facilities
STATE FORM

6800

LW5W11

If continuation sheet 26 of 28

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/17/2017
--	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CORNERSTONE VILLAGE

2012 SHERWOOD DRIVE
JOHNSON CITY, TN 37601

(X4) ID (X5) TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	(X6) PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X7) COMPLETE DATE
N 707	<p>Continued From page 25</p> <p>This Rule is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to maintain an accurate medical record for 2 residents (#64 and #133).</p> <p>The findings included:</p> <p>Medical record review revealed Resident #64 was admitted to the facility on 9/30/16 with diagnoses including Dementia, Anemia, Heart Failure, Depression, and Anxiety.</p> <p>Medical record review of Resident #64's Daily Charting (electronic Certified Nursing Aide documentation), dated 4/1/17 - 5/9/17 revealed 20 blank sections in the PERSONAL HYGIENE Oral Care under the Signature & Date/Notes columns, indicating the care was not documented as performed by staff.</p> <p>Interview with the Director of Nursing (DON) on 5/11/17 at 7:25 AM, in the conference room, confirmed no documentation in the CNA Daily Charting oral care was completed on 20 occasions from 4/1/17 - 5/9/17 where the signature sections were blank.</p> <p>Medical record review revealed Resident #133 was admitted to the facility on 1/13/17 with diagnoses including Chronic Atrial Fibrillation, Alzheimer's Disease, Diabetes, and Anxiety Disorder.</p> <p>The resident was discharged on 3/20/17.</p> <p>Review of the Showers Form and Activities of Daily Living (ADL) Sheets revealed the resident received a shower on 1/25/17, 1/31/17, 2/3/17,</p>	N 707	<p>thereafter. The goal of the audit will be 100% compliance. If the goal is not met, then the identified staff member who is not meeting the goal will be re-educated. Continued failure to comply with the goal by the identified employee will result in progressive disciplinary action.</p> <p>4. How does the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e. What quality assurance program will be put in place.</p> <p>The DON, ADON or Nurse SV will audit the Certified Nursing Assistants for completion of their documentation in the resident's medical record and/or ancillary sheets. The results of the audit will be presented monthly to the Quality Assurance /Performance Improvement Committee meeting monthly by the DON beginning in May 2017. The results of the audits will also be presented to the governing body on a quarterly basis by the NHA beginning 6/21/17</p>	Cont.

Division of Health Care Facilities
STATE FORM

0000

LW99W11

If continuation sheet 26 of 28

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/17/2017
---	---	--	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CORNERSTONE VILLAGE

2012 SHERWOOD DRIVE

JOHNSON CITY, TN 37601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 707	Continued From page 26 2/6/17, 2/8/17, 2/22/17, 2/25/17, 3/6/17, 3/10/17, and 3/13/17. Interview with the DON on 5/11/17 at 7:30 AM in the conference room confirmed there was no documentation the resident received a bath the week of 2/12/17-2/18/17.	N 707		
N1535	1200-8-6-.15(4) Nurse Aide Training and Competency Evaluation (4) Continued Competency. The facility must complete a performance review of each nurse aide employee at least once every 12 months and must provide regular in-service education based on the outcome of these reviews. This Rule is not met as evidenced by: Based on review of the Certified Nursing Assistant Competency/Skills Check List and interview, the facility failed to ensure 33 of 41 Certified Nursing Assistants had a Certified Nursing Assistant Competency/Skills Check List, including types of restraints and return demonstration of restraint application completed. The findings included: Observation and interview during the annual survey 5/8/17-5/17/17 revealed: Resident #56 had an incorrectly applied lap belt restraint on 5/9/17 and 5/11/17 which allowed the resident to slip under the restraint, placing him at risk for entanglement in the restraint; Resident #59 had an incorrectly applied soft lap belt restraint on 5/8/17 which allowed the resident to slide down in	N1535	1. What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice: Beginning 5/12/17 and ending 5/17/17 the DON, RN Supervisor, and Nursing Management completed competency skills checklist on Certified Nursing Assistants that were identified during survey as not have their Competency Skills Check List which put resident's #56, #59, #34, #77, #83, #145, #100, #134, #14, #52, and #108 at risk. These competencies also included a checked off for proper restraint application. 2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. Any other new Certified Nursing Assistant that are hired will have a Competency/Skills Check List Completed during Orientation or during the first 90 days of employment during their evaluation process by the DON, RN Supervisor cont.	6/15/17

Division of Health Care Facilities
STATE FORM

0699

LW9W11

If continuation sheet 27 of 28

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/17/2017
NAME OF PROVIDER OR SUPPLIER CORNERSTONE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG N1535	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG N1535	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p>Continued From page 27</p> <p>the wheelchair with the soft lap belt around her chest, placing her at risk for chest compression; and Resident #108 had an incorrectly applied soft lap belt on 5/8/17 placing the resident at risk for entanglement in the restraint.</p> <p>Observation and interview during the annual survey 5/8/17-5/17/17 revealed: Resident #59 was observed on 5/8/17 with a soft lap belt in place, without a physician's order or an assessment completed for the soft lap belt; Resident #34 was observed on 5/8/17, 5/9/17, and 5/10/17, seated in a reclined geri chair with an attached table in place, without a physician's order for a geri chair with an attached table; Resident #77 was observed on 5/11/17 seated in a geri chair with a tray table in place without a physician's order; and Resident #134 was observed on 5/10/17 with a soft lap belt in place, without a physician's order for the soft lap belt.</p> <p>Review of the Certified Nursing Assistant Competency/Skills Check List revealed Certified Nursing Assistant Competency/Skills Check Lists were completed for 8 of 41 Certified Nursing Assistants.</p> <p>Interview with the Director of Nursing on 5/15/17 at 2:10 PM, in the conference room, confirmed 33 of 41 Certified Nursing Assistant Competency/Skills Check Lists were not completed.</p>			<p>and/or nursing management. A cont.</p> <p>C.N.A. will not be allowed to work until they complete a restraint application check-off.</p> <p>3. What measures will be put in place or what systematic changes will you make to ensure that the deficient practice does not recur: On 5/17/17 the NHA revised the process on all new hires of Certified Nursing Assistants will have a Competency/Skills Check List Completed during Orientation or during the first 90 days of employment during their evaluation process. This process will be monitored by the Human Resource Director. The C.N.A. will not be allowed to work until this restraint competency Check Offs has been completed.</p> <p>Effective 5/17/17 the NHA educated the DON, Assistant DON and Staffing Coordinator concerning the new requirement that the Certified Nursing Assistant will not be allowed to continue working if their Competency/Skills Check Off list has not been completed during the 90 day evaluation period.</p> <p>4. How does the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e. What quality assurance program will be put in place. An audit by the DON or designee will be put in place that will ensure that</p> <p>cont.</p>	

Division of Health Care Facilities
STATE FORM

0099

LW9W11

If continuation sheet 28 of 28

Division of Health Care Facilities

PRINTED: 05/17/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/17/2017
---	---	--	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CORNERSTONE VILLAGE

2012 SHERWOOD DRIVE

JOHNSON CITY, TN 37601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N1535	<p>Continued From page 27</p> <p>the wheelchair with the soft lap belt around her chest, placing her at risk for chest compression; and Resident #108 had an incorrectly applied soft lap belt on 5/8/17 placing the resident at risk for entanglement in the restraint.</p> <p>Observation and interview during the annual survey 5/8/17-5/17/17 revealed : Resident #59 was observed on 5/8/17 with a soft lap belt in place, without a physician's order or an assessment completed for the soft lap belt; Resident #34 was observed on 5/8/17, 5/9/17, and 5/10/17, seated in a reclined geri chair with an attached table in place, without a physician's order for a geri chair with an attached table; Resident #77 was observed on 5/11/17 seated in a geri chair with a tray table in place without a physician's order; and Resident #134 was observed on 5/10/17 with a soft lap belt in place, without a physician's order for the soft lap belt.</p> <p>Review of the Certified Nursing Assistant Competency/Skills Check List revealed Certified Nursing Assistant Competency/Skills Check Lists were completed for 8 of 41 Certified Nursing Assistants.</p> <p>Interview with the Director of Nursing on 5/15/17 at 2:10 PM, in the conference room, confirmed 33 of 41 Certified Nursing Assistant Competency/Skills Check Lists were not completed.</p>	N1535	<p>all Certified Nursing Assistants have their Competency/Skills check off list completed in a timely manner. The audit will occur on a weekly basis x 4 weeks then 1 x monthly thereafter. The DON or designee will audit the CNA checklist and submit outcomes at the QAPI committee meeting. The goal of the audit will be 100% compliance. If the goal is not met, then the identified staff member who is not meeting the goal will be re-educated. Continued failure to comply with the goal by the identified employee will result in progressive disciplinary action. Beginning May, 2017, the DON will report monitoring outcomes of restraint management auditing to the quarterly QAPI Committee meetings. The NHA will report to the Governing Body concerning audits of restraint outcomes on a quarterly basis beginning 6/21/2017.</p>	cont.

Division of Health Care Facilities
STATE FORM

0079

LW9W11

If continuation sheet 28 of 28

Duplicate